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Mailing Label
Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

POSTAL USE ONLY				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee		Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature			
CUSTOMER USE ONLY				FEDERAL AGENCY ACCT. NO. OR POSTAL SERVICE ACCT. NO.			
METHOD OF PAYMENT: X090471				FEDERAL AGENCY ACCT. NO. OR POSTAL SERVICE ACCT. NO.			
FROM: (PLEASE PRINT) PHONE 914 941 5600				TO: (PLEASE PRINT) PHONE			
MCGLEW & TUTTLE P.C. SCARBOROUGH STATION RD PO BOX 327 SCARBOROUGH NY 10510-0627				COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450			
PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com				EMS			

FRIDAY AUGUST 20, 2004

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UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature		
CUSTOMER USE ONLY			CUSTOMER USE ONLY		
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X090471			Federal Agency Acct. No. or Postal Service Acct. No.		
FROM: (PLEASE PRINT) PHONE 914 941 5600 MCGLEW & TUTTLE P.C. SCARBOROUGH STATION RD PO BOX 327 SCARBOROUGH NY 10510-0527			TO: (PLEASE PRINT) PHONE COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450		
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